

## **Application for obtaining uncollected Mahapola Payment**

Full Name of the Student: .....

University Registration No.: .....

Course of Study: .....

Academic Year: .....

Faculty / Institute: .....

Contact No.: .....

Uncollected Installment(s) / Month(s): .....

Reason for non-collection of the payment: .....

.....

.....

Date

.....

Signature of the Student

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The attendance of the above student during the above period was satisfied / Not satisfied

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Head of the Department

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Date

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Assistant Registrar / Welfare Services

Certified / Not certified for the above payment

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Dean of the Faculty

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Date

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Bursar / University of Jaffna

Recommended / Not recommended for the above payment

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Assistant Registrar / Welfare Services

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Date